

EVALUATION REPORT TITLE: Independent Evaluation of the Health Partnerships Scheme (HPS)

RESPONSE TO EVALUATION REPORT (overarching narrative)

IPE Triple Line and Health Partners International were commissioned by the UK Department for International Development (DFID) to undertake a theory based evaluation to examine the effectiveness of the health partnership model implemented by the programme, plus learning about what works and what does not work in the programme's approach.

We are pleased that the evaluation findings demonstrated the effectiveness of the partnership and volunteering approach in supporting health worker capacity strengthening. Also, that the scheme has been successful in strengthening partnerships and project approaches enhancing the potential for sustainability and wide-scale change.

The evaluation provided very useful recommendations for the current programme and valuable lessons and ideas for future programming. With the current programme due to end mid 2017, we judge there is limit to the extent to which all recommendations can be implemented. However, we plan to take into account the recommendations, lessons and ideas provided in the design of future programming.

DFID is working with the HPS implementing partner, Tropical Health & Education Trust (THET), to implement recommendations for the current programme, to the extent possible, in the remaining months of the programme.

Recommendations	Accept Reject	If Accepted, action plan for implementation or if rejected reason for rejection
Recommendation (i) Encourage existing projects to scope out and design how they might address some of the health system constraints to their projects by expanding to whole health facilities and communities, engaging more with leadership and making sure the approach is more institutionalised	Partially accept	A number of partners implementing HPS projects already engage with their wider health institution, other organisations, leaders and national bodies. Further to this, THET will work to collate case studies and learning from partners which have taken a broader health facilities and communities approach / or have been able to institutionalise approaches and share these widely to help inform ongoing and future health partnership work. THET is also already working to facilitate a broader health systems approach through its country offices.

<p>Recommendation (ii) Continue to support the partnership work with funding and further strengthen technical assistance, networking and advocacy work.</p>	<p>Partially accept</p>	<p>All HPS grant funding has now been awarded for the remainder of the programme and funding will be disbursed in accordance with agreed project plan budgets, performance and results requirements.</p> <p>THET will continue to provide targeted technical support, develop and share up-to-date tools, case studies, lessons and good practice guidance; including on effective governance, empowering behaviours, inclusive leadership between partners, and financial management.</p> <p>THET are also working to strengthen country coordination by providing platforms (includes social media platforms, sharing and learning events, workshops and online webinars) and facilitating connections between existing partners and other actors in the health sector. THET are also using its country offices in Uganda, Zambia, Somaliland and Tanzania to further facilitate these activities in country. A two day sharing, learning and networking event for UK, African and Asian partners will be held in Dar es Salaam first quarter of 2017. In addition, THET will continue to work closely with WHO and global and regional actors supporting human resources for health and partnership work such as WHO, AIHA and ESTHER Alliance.</p> <p>THET's grant management guidelines for the HPS (which include a set of procedures for projects that diverge from original purpose) will be reinforced. Also, any projects that do diverge from original purpose are closely reviewed and managed by THET to ensure required procedures are followed.</p> <p>THET are working with DFID to develop an effective communications strategy to ensure wider dissemination of HPS learning and guidance documents for the final phase of the programme.</p>
<p>Recommendation (iii) Work with one or two partnerships to conduct a thorough gender analysis</p>	<p>Accept</p>	<p>DFID have agreed reallocation of unused funding so that THET can commission a gender analysis study of a number of projects. The study will inform guidance for wide</p>

<p>of their project, context, and organisation, whilst building skills and guidance to undertake this kind of work and to design appropriate ways of integrating gender equality approaches into project design, implementation and Monitoring Evaluation and Learning (MEL).</p>		<p>dissemination on gender equality and social inclusion requirements and how to integrate these into project design; including in terms of selection of health institutions, health partnership management and planning, volunteer recruitment and management, health worker opportunities skills knowledge and confidence, improved access to/use of health services, and monitoring, evaluation (e.g. measuring improvements in empowerment, communication and leadership skills), and learning.</p>
<p>Recommendation (iv) Develop an understanding of how value for money could be enhanced through the development of synergies with other aid programmes in key countries and between partnerships. Develop a small number of case studies to promote learning from existing partnership networks (such as the Maternal Newborn & Child Health Hub in Uganda) on efficiency and effectiveness.</p>	<p>Partially Accept</p>	<p>THET has developed a number of HPS case studies to assess and strengthen value for money performance of partnership projects. The evaluation highlights the good value for money of partnerships approaches, and suggests the potential to further enhance this through the development of synergies with other programmes and partnerships should be explored. To assess this potential, THET will develop case studies and capture learning from partnerships which have a broader whole-hospital or coordinated health systems approach.</p> <p>THET is also exploring ways to promote synergies between health partnership projects and other health actors through its country offices and the alliance networks for Sierra Leone, Uganda and Zambia.</p>
<p>Recommendation (v) Ensure financial management and record keeping are enhanced in particular areas in order to better understand and manage how funds are spent. Ensure HPS management costs are allocated to more specific reporting lines; and encourage partnerships to record their expenditure or in-kind contributions as project costs</p>	<p>Reject</p>	<p>THET administer rigorous financial management procedures and rules, verified through regular independent audit and spot checks. Clear budget lines and accurate expenditure recording are maintained for both THET management costs and grants. The recommendation to capture more detailed recording of THET's management cost, i.e. by staff time allocation, at this late stage of the programme will not be meaningful. DFID will take this recommendation into account for future programming.</p> <p>It is worth noting that a number of health partnerships already monitor their in-kind contributions to their projects. THET will share guidance and benefits of this approach with partners and encourage them to include this in future programming.</p>
<p>Recommendation (vi) Develop country-level</p>	<p>Partially</p>	<p>DFID and THET agrees there is a need for platforms at country and regional level to ensure</p>

<p>networking and learning opportunities for partnerships, starting with Uganda and Zambia and with a specific planned, strategic and target-driven work programme for the two THET offices. For other countries, consider ways of supporting the network by setting up partnership associations and including health partnerships from other countries (European, Australia, and the USA in particular).</p>	<p>accept</p>	<p>networking and learning opportunities between health partnerships and other actors with complementing skills in the health sector. The DFID supported Uganda Partnership office and THET Zambia office are already undertaking these activities as well as HPS supported health partnership alliances at the country level. DFID will use learning from the Uganda and Zambia offices as well as some of the health partnerships for future programme design.</p>
<p>Recommendation (vii) Continue to evolve the THET approach for strengthening partnerships in order to improve effectiveness by: strengthening international development expertise; simplifying and communicating the Principles of Partnerships; develop guidance on institutional capacity strengthening approaches for partners.</p>	<p>Accept</p>	<p>THET already supports and facilitates the involvement of both UK and developing country-based NGOs in health partnerships, especially where this complements the skills of health institutions working in partnership, e.g. to bring additional international development expertise. DFID will also take this recommendation into account to evolve the approach further in any future partnership programming.</p> <p>THET are working to enhance implementation of the Principles of Partnership: a tool and guidance is being shared with partners for self-assessment on the application of the principles to both help design targeted additional support and further training resources. THET will continue to produce appropriate learning and guidance resources for the health partnership community. Forthcoming publications and activities include a webinar and publications on Training of Trainers in health partnerships, guidelines on financial and programme management, and publications on learning from failure in health partnerships.</p>
<p>Recommendation (viii) Include in the work with the THET offices (mentioned in (vi) above) some effort to explore how networks and strategic funding could enhance the development of synergies between partnerships.</p>	<p>Partially accept</p>	<p>As mentioned above, THET is applying the lessons learned from its country offices in Uganda and Zambia and existing health partnership networks at the country level to set up similar mechanisms to enhance synergies between partners in the future. The two day sharing, learning and networking event planned for Q1 2017, will be an opportunity to explore the potential for inter-partnership collaboration.</p>
<p>Recommendation (ix) Continue to communicate the</p>	<p>Accept</p>	<p>Both THET and partners will continue to communicate the interesting and successful role</p>

<p>interesting role that UK volunteers, particularly long-term volunteers, are playing in HSS in LMICs; and build UK partner capacity for recruitment and management of volunteers.</p>		<p>that volunteers are playing in HSS in LMICs and how this benefits the NHS. THET, for example, co-chairs the NHS Staff Volunteering Group with Health Education England which supports enhancement of volunteering information on the NHS Health Careers website and NHS Employers guidance to clarify international volunteering practices and rights of employers and employees. Partners do this through their own events, and informally through their own networks</p> <p>THET is continuously developing/enhancing guidance (which is available on their website), based on learning, to support partnerships in their management of volunteers; including effective selection processes, appropriate induction pre-departure, management in country and return to their countries of origin. THET will ensure guidance on their website does include advice on setting clear objectives and bespoke induction for volunteers, a focus on leadership development, project planning, teaching, learning, QI methods etc. THET will also pro-actively support partners on the use of the guidance.</p> <p>Our current volunteer guidance is quite comprehensive. So it will only be a matter of updating the current guidelines that are available on our website. The action for us is ensuring it is used, and offer support more pro-actively in this area.</p> <p>Partners have also carried out a self-assessment against a number of competencies and THET is following-up with support to partners with identified training needs. THET are also planning an event for UK health workers and health managers to highlight approaches and challenges for effective partnerships.</p>
<p>Recommendation (x) Start a dialogue with key UK stakeholders on how to strategically plan learning and benefit for the UK health system within partnership and volunteering programmes while, at the same time, maximising the benefit for the low and middle income countries.</p>	<p>Partially accept</p>	<p>The evaluation found that volunteers also benefit the UK health system. To this end, THET already undertake dialogue with key UK stakeholders on how to strategically plan learning and benefit for the UK health system within volunteering programmes, and will continue to strengthen this with Health Education England, Public Health England, NHS England, NHS providers and other key stakeholders to develop a more strategic approach to planning programmes with co-development and shared learning at their core. In particular, THET will explore partnerships with learning institutions to support the development and monitor the</p>

		<p>achievement of clear learning outcomes for UK and LMIC actors. THET will build on its good relations with NHS partners that they have worked with to ensure wide consideration of the recommendations contained in the HPS evaluation report. They will also provide a platform for NHS partners to explore the potential of their engagement in international work, both philanthropic and commercial.</p> <p>THET, as co-chair of the NHS Staff Volunteering Group, continues to work with HEE to roll-out a nationwide Continuing Professional Development Toolkit to support international volunteers to reflect and gather evidence on how they benefit as well as the challenges they face during their overseas experience. The process will be as transparent and constructive as possible.</p>
<p>Recommendation (xi) Make sure that THET builds in time and funds to be able to collect and synthesise outcome and impact data coming from projects – and this should include qualitative outcome and impact data that is being collected by partners.</p>	<p>Partially accept</p>	<p>This work is already planned; i.e. a priority focus for the remaining HPS budget and work plan activities is on-time quality data collection and reporting by partners to THET. Also, THET collection and synthesis of qualitative and quantitative data and case studies (both from partners and commissioned studies) to assess achievement of HPS outputs, outcomes and impact on HSS, improvement in service delivery, and value for money performance. THET will also collect data on coordination and synergies between partnerships, projects and programmes from its offices in Uganda and Zambia, and a few of the HPS national networks supported.</p> <p>THET is encouraging UK partners to work in a transparent way with southern partners ; e.g. encouraging UK partners to develop their M&E plans with their southern partners including how best to adapt to the needs of the partner institution data collection and management. Microlabs, at the two day sharing & learning event planned for early 2017, will also focus on address capacity gaps in M&E.</p> <p>For future programming DFID will look at developing more systematic ways of collecting data on the development of the partnership/s, and highlighting challenges and learning.</p>

<p>Recommendation (xii) Only make minimal changes to the logframe to save data collection tasks where indicators are either difficult to measure or there is overlap.</p>	<p>Reject</p>	<p>The recommendation to drop indicator 3, <i>Number of participating institutions demonstrating improved health outcomes for patients</i>, as believed hard to measure is rejected as sufficient examples and evidence of this is emerging. Equally, the recommendation to merge Output Indicators 2.3 & 2.4 is rejected as they measure different things, i.e. medical education curricula may be developed (2.3) but not approved for teaching (2.4).</p> <p>THET is collecting case studies/stories of change (in line with the theory of change) to articulate the difference that HPS has made (see (xi) above). THET will also assess the value of the THET Uganda office through a study of a UK partner working with partners in Uganda and other LMICs, comparing their experiences in Uganda and with partnerships in other countries.</p>